

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009358

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 714

FILED MAR 8 1962

VS 300  
Rev. 4/594002  
240272

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Clayton, Missouri.Length of stay in lb  
2 mo.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Louis County Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

Hillsdale

OR TOWN

d. STREET ADDRESS

(If outside, give location)  
6317 St. Louis Avenue.,

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First a/k as Petzoff and Petsoff  
Angelo Petsoff

## 4. DATE OF DEATH

Month Day Year  
2-24-62

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/14/1890

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Peddler10b. KIND OF BUSINESS OR INDUSTRY  
Food11. BIRTHPLACE (City and state or country)  
Sole Smolianoftsi, Bulgaria12. CITIZEN OF WHAT COUNTRY  
Bulgaria

## 13a. FATHER'S NAME

Unavailable

## 13b. MOTHER'S MAIDEN NAME

Unavailable

## 14. NAME OF HUSBAND OR WIFE

Unavailable

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)  
No Nil

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Achilles Karakas, 7009 Stanford Avenue.,

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pneumonia.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Bronchietaxis

## DUE TO (c)

Chronic bronchitis

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

Generalized arteriosclerosis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I. or PART II. of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 12-24-61 to 2-24-62 and last saw him alive on 2-24-62

Death occurred at 11:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Albert H. Hoppe MD

## 22b. ADDRESS

601 So. Brentwood  
Clayton 5, Mo.

## 22c. DATE SIGNED

2/27/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

3/2/62

## 23c. NAME OF CEMETERY OR CREMATORY

St. Matthews Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Missouri.

## (Site)

## 24. FUNERAL DIRECTOR

## ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd., 3-1-62

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

By W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.